

Clinical Performance Improvement Emergency Care Solutions

Organizational Background

BRG collaborated with a Southeastern US regional medical center referral system composed of two anchor hospitals and more than 700 inpatient beds. The two hospitals treat over 100,000 emergency department (ED) visits and discharge over 18,000 inpatients annually. The two hospitals struggled with excessive inpatient length of stay (LOS), resulting in over 26,000 combined excess days per year and an average LOS of 5.29 days. The inpatient struggles had downstream effects on ED admissions. These excess days created a decrease of inpatient capacity that didn't meet the demand of ED patients, leading to over 46,000 annual hours of admission boarding in the EDs.

BRG Approach

The organization engaged BRG professionals for a comprehensive performance improvement project with separate ED and inpatient LOS reduction components. BRG's ED and inpatient team collaborated with hospital nursing leadership in implementing new processes to streamline overall hospital patient throughput from the ED to inpatient treatment and discharge. We used a two-point approach:

1. Reduce inpatient length of stay to create inpatient bed capacity
2. Redesign bed management and inpatient surge processes

Implementation

Reducing Inpatient Length of Stay

Inpatient capacity implementation included each hospital implementing multidisciplinary rounds on inpatient units to "plan for the day, plan for the stay, and plan for the way home." High-risk LOS meeting was implemented biweekly to review inpatient lengths of stay greater than five days, outpatient/observation status (OBS), and complex cases for proactive identification and management of patient status and barriers to discharge. A Physician Advisor (PA) escalation process was created, and PAs were provided education and training in their roles. The PA was consulted to review the medical necessity of an admission or continued inpatients not meeting medical necessity.

Redesign Management

The BRG team convened a hospital-wide bed management redesign committee. This committee comprised executive leadership, bed management, ED, inpatient nursing, and housekeeping. This group developed a comprehensive bed management policy to standardize bed placement processes. A hospital surge plan was created, based on ED and inpatient triggers, to guide leadership and staff in times of census surges.

Results



\$6.4M

IN ANNUAL SAVINGS



11,000

PHYSICIAN QUERY
RESPONSE RATE



22%

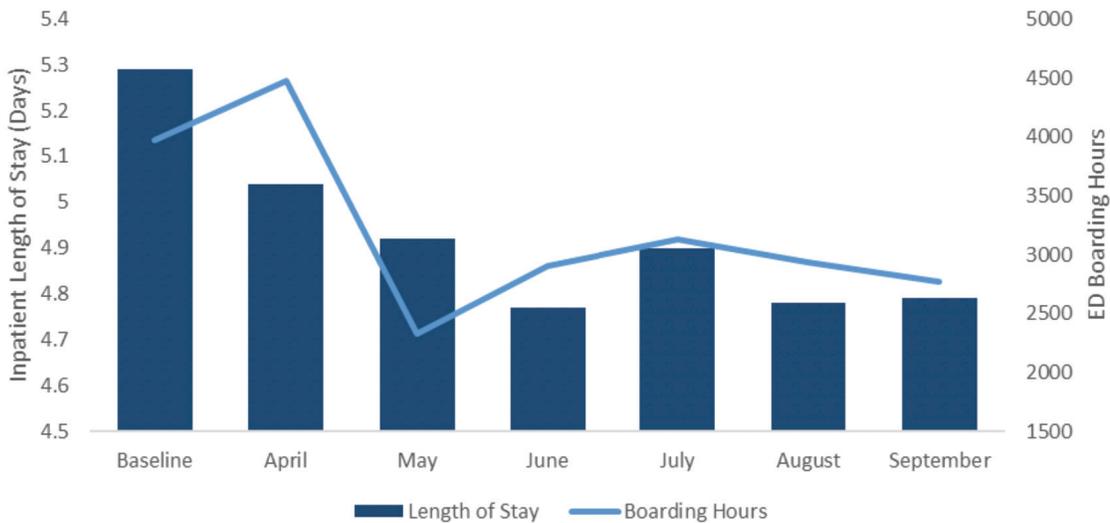
DECREASE IN ED
BOARDING HOURS

Results

The combined efforts of ED and inpatient leadership, in coordination with BRG professionals, led to substantial and sustaining results. The inpatient LOS was reduced from 5.29 to 4.86 days, a combined decline of 0.43 days. This resulted in a decrease of over 11,000 excess days per year. The reduction in excess days created additional inpatient capacity for ED admissions.

Over the same time, ED boarding hours decreased by 22 percent, from 3,975 hours monthly to 3,094 hours. These results indicated the downstream effects inpatient capacity has on ED operations. The reduction in boarding hours further increased the ED's efficiency by decreasing arrival-to-provider times, and thus decreasing left-without-being-seen patients. Overall, the combined efforts of the ED and inpatient teams led to a combined \$6.4 million to the organization's bottom line.

Inpatient LOS Effects on ED Boarding



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